

#### **Qselect Agencies**

25 King Street, Bowen Hills, QLD 4006 1300 667 507

qselectagencies.com.au

# **General Claim Form**

The issue of this form does not constitute an admission of liability on the part of the insurer.

ABOUT THE INSURED LANDLORD ———				
Name:				
Address:		State:	Postcode:	
Phone:	E-mail:			
Policy Number:				
Are you registered for GST?			Yes	No
What is your ABN?				
Are you entitled to claim ITC?		ITC%?		%
Was there any other insurance covering this damage current of	it the time of th	e occurrence?	Yes	No
Give Details:				
Name of Insurer:				
Policy Number:				
Does any other party have an interest in the damaged proper	ty the subject o	fthe claim?	Yes	No
Give Details:				
(e.g. Mortgagee, Finance Co., Lessee)				
(e.g. Mongagee, Finance Co., Lessee)				
ABOUT THE PROPERTY MANAGER ———				
Name:				
Address:		State:	Postcode:	
Phone:	E-mail:			

ABOUT THE INCIDENT —							
Date of Incident:			Time:				
Location:				State:	Postcode:		
What happened?							
(provide as much detail as possible eg. For be exactly what damages are being claimed a from, etc.)							
Please provide the date the premises w	vere last occup	pied:					
If the damage is the result of fire did the	e fire brigade	attend?			Yes	No	
Was the matter reported to the police?					Yes	No	
Police Station:				Phone	e Number:		
Police report number:	Police report number:			Date Reported:			
Any loss involving malicious damag	ge, lost or stolei	n property n	nust be report	ted to the police.			
ABOUT THE TENANT AND TI	ENANCY						
Tenant's Name:							
Phone:			E-mail:				
Forwarding Address:							
LOSS OF RENT CALCULATOR: Total	loss of rent (c	lo not dec	duct from th	ne Bond)			
Lease Start Date:			Lease end	d date:			
Date Tenant Vacated:							
Notice Given?	Yes	No	Date?				
Rent Amount Per Week:	\$						
Bond Amount:	\$						
Rent Paid up to (excluding bond	):						
Rent Credit (On Account):	\$						
New Lease Agreement Date							
<b>BOND DISPERSAL:</b> What was any re	tained secur	ity bond s	pent on?				
Description					Amount		
					\$		
					\$		
					\$		
					\$		
					<b>¢</b>		

Yes

No

\$

Is there any bond credit?

#### RE

RENT LOSS							
From:		То:	То:				
Total Days:		Rent per day:	Rent per day:				
Subtotal:		Minus bond cred	Minus bond credit:				
Minus rent credit:		Total loss of rent:	Total loss of rent:				
Documents to be provided for rent lo	oss claims:						
Copy of Tenancy Agreement for new Copy of Application for Tenancy Copies of all notices to vacate prop Copies of all Breach of Condition N Copies of all legal documents (inclusive Substantiation of rental payments Copies of initial and final Property C Proof of advertising  CHEDULE OF LOSS	perty by either party otices uding Bond Release a for at least 3 months	nd any Court Orders a prior to loss	, ,				
Please complete for loss/damage of pro	nerty/contents:						
Full description of property lost or damaged:	Date of Purchase:	Purchase Cost:	Repair/ Replacement Cost:	Total Claimed:			
Supporting Documents required:  Repair/replacement tax invoices or Photos of damages being claimed Ingoing and outgoing condition rep Original purchase invoices, for cont	ports for property dan	,	e place				
Please note: the underwriter may reques	st further information	in addition to the abo	ve if required.				

## Su

Ple

Claim payment by EFT:

BSB: Account Number: Account:

Name:

### **DECLARATION**

By ticking this box, I / We and our Property Manager do solemnly and sincerely declare:

- 1. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
- 2. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
- 3. That there was no other insurance covering this loss current at the date of this incident.
- 4. I/We acknowledge that this Claim Form is a Legal Document and such may be used in any legal proceedings resulting from this claim.

Landlord's Name:

Property Manager's Name: